

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10899**

BIRTH NO. FILED APR 14 1954		REG. DIST. NO. 336	PRIMARY REG. DIST. NO. 6178	Registrar's No. 278
1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon		
b. CITY OR TOWN Eminence, Mo		c. CITY OR TOWN Eminence, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 36 yrs		e. STREET ADDRESS (If rural, give location) Rural 1010		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) J. c. (Last) Chilton		4. DATE OF DEATH (Month) April (Day) 2 (Year) 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 6th 1909	9. AGE (In years last birthday) 45 1 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sr Towerman		10b. KIND OF BUSINESS OR INDUSTRY State Forest		11. BIRTHPLACE (City and State or Foreign Country) Eminence, Mo
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME J.G. Chilton		13b. MOTHER'S MAIDEN NAME Mary J. Tripp		14. NAME OF HUSBAND OR WIFE Thela Chilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Thela Chilton Eminence, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 8 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct 1950, to 2-27-1954, that I last saw the deceased alive on Mar 8, 1954, and that death occurred at 1:40 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Dr. F. J. Wilson (Degree or title)		23b. ADDRESS Shannon County, Mo		23c. DATE SIGNED 4-7-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4 1954		24c. NAME OF CEMETERY OR CREMATORY Eminence Mo
24d. LOCATION (City, town, or county) (State) Eminence Mo				
DATE REC'D BY LOCAL REG. 4-12-54		REGISTRAR'S SIGNATURE 4470		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 257

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.